

only such a condition in which malingering or intentional deception is attempted.¹

Pseudocyesis may be present in young women as well as those approaching the menopause. It is seen in women who have a decided fear of pregnancy, either because of illicit intercourse or because of the dread of supposed dangers associated with pregnancy and labor. Occasionally women who are extremely desirous of becoming pregnant reveal these manifestations. Then there is that group of women who imagine themselves pregnant because of the presence of functional or pathologic disturbances, attended by symptoms which simulate the signs and symptoms of pregnancy.

The factor of an endocrine imbalance accounts for much of this picture, and is the reason why this condition is most common in women approaching the climacteric. Misleading symptoms of pregnancy may be present at this time because of the natural tendency toward scanty menses and increased deposition of fat, especially about the abdomen and breasts.

Other pathologic states which may account for some of the findings are: carcinoma of the uterus, uterine fibroids, ovarian cysts, ascites, bowel distention, hydatidiform mole, etc.

Such nonpathologic states as spasm of the diaphragm, with relaxation of abdominal muscles, may cause an impression of abdominal enlargement, as may also fat deposits. The sensation of fetal movement (quickening) may be due to movement of gas in the intestines or contraction of abdominal muscles.

Practically all of the symptoms, and occasionally some of the presumptive signs of pregnancy, may be manifest: Amenorrhea, nausea and vomiting, gain in weight, pica, quickening and simulated labor pains. Quickening is a very common symptom, and many patients complain that it is quite obvious to onlookers. That a colostrum-like material may be expressed from the breast is evident in the cases reported by Jacobs.² Rarely pigmentation about the nipples may occur.³ The presence of striae on the wall of the enlarging abdomen is quite common.

The true nature of the condition is readily revealed when, upon examination, the fetal heart tones and funic souffle are not heard; although a rapid transmitted maternal pulse may resemble the fetal heart tone. A small uterus, the absence of a positive Hegar's or Chadwick's sign, is quite convincing. In doubtful cases the x-ray or the Aschheim-Zondek test, or one of its modifications, may be resorted to.

Pseudocyesis is most commonly found in the neurotic and less intelligent types of individuals, especially those suffering from mental and emotional changes. However, occasionally it may fool even an intelligent woman who has had previous pregnancies.

¹ Paddock, Richard: Spurious Pregnancy, *Am. J. Obst. & Gynec.*, 16:845-854 (Dec.), 1928.

² Jacobs, J. B.: Pseudocyesis, *Virginia M. Monthly*, 57: 178-180 (June), 1930.

³ Erickson, C. W., and Hashinger, E. H.: Case of Pseudocyesis Associated With Endocrine Imbalance, *J. Kansas M. Soc.*, 35:395-397 (Oct.), 1934.

Many women will not be convinced that no true pregnancy exists, and they may continue with this disillusion long after the term of pregnancy has passed. Montgomery cites a case of nine years' duration, and Dupuytren one of fourteen years.⁴

REPORT OF CASE

Mrs. A. B. C., age 24. Married five weeks. Presented herself for examination on March 9, 1939, stating that she missed her menstrual period due on March 1, 1939. Her menses previously were regular, occurring every twenty-eight days, duration four days. Pelvic examination at this time revealed normal findings, and the patient was instructed to return in one month, as the present examination revealed no sign of pregnancy. She was certain that she was pregnant, and we explained that it was too early (eight days after missed period) to determine definitely the presence of pregnancy at that time.

One month later the patient returned. No menses had occurred in the interim. She complained of "morning nausea" occurring quite frequently, and a sensation of fullness in her breasts. Complete examination at this time revealed a rather obese female weighing 158 pounds. (Impression of glandular—hypothyroid—type. Ideal weight should have been 121 pounds.) The uterus was small, firm, of normal color, and retroverted to a second degree position. Blood Wassermann was negative.

The patient was informed that she was not pregnant, but she left the office doubting this diagnosis.

On November 4, 1939, the patient returned to the office, complaining of severe lower abdominal pains. These were intermittent in character. She stated that she was definitely pregnant and was having premature labor pains. The date of expectancy, calculated from date of the last period (March 1, 1939), would have been December 8, 1939, or one month hence. She had gradually gained in weight until she reached 185¼ pounds or a gain of 27¼ pounds. She complained considerably of fetal movements, stating that they were so annoying that they kept her awake all the previous night. No menstruation had occurred since the first examination.

Examination revealed the abdomen to be enlarged to the level of the umbilicus. The abdomen was not firm, but of a soft obese type. Pelvic examination was entirely normal with no evidence of gestation. An x-ray film taken of the pelvis and abdomen revealed no evidence of fetal skeletal structures.

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SCABIES: ITS TREATMENT WITH A SPECIAL SULPHUR SOAP*

By HAROLD P. TOMPKINS, M. D.
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THERE are many methods of treating scabies. The majority of them are efficacious when properly applied. Most of these methods make use of sulphur, which proves specific against the parasites and ova.

The chief therapeutic problem appears to be the proper application of any acceptable compound, not the compound itself. Sulphur ointments are usually disagreeable to the patient when applied to the body from the neck down. This fact alone tends to discourage thorough application of the ointment. Sulphur dermatitis following the prescribed ointment routine is not uncommon. However, this usually responds readily to treatment and proves to be little more than an unpleasant side effect.

* Quoted from (1).

The sulphur soap used was prepared by Chemical Industries of California, under the name "Thiofoam."

Dr. Roger A. Nolan, U. S. Navy, advised the use of sulphur incorporated in soft soap. This he found to be a highly satisfactory method of treatment and prophylaxis of scabies. In the past 18 months over 400 cases of scabies have been treated in the Dermatological Clinic of the Ventura County Hospital with a compound containing 18 per cent precipitated sulphur in *sapo mollis*, U. S. P.

The routine is a bath with soap and warm water, followed by a complete lathering of the body with the sulphur soap, which is allowed to dry. This is repeated for three nights. The usual change of clothing and bedding before and after treatment is important.

Not one case of sulphur dermatitis has resulted and the percentage of cures with the above routine treatment is very high for the type of patient seen. While the sulphur content of the soap is 18 per cent, one ounce of it is sufficient for three applications over the adult body. This means approximately 1.8 grams of sulphur per application. The low sulphur content makes it unnecessary to decrease the concentration for children and infants.

This preparation is easy to apply and does not damage clothing. It may be used in other dermatological conditions where sulphur ointment is indicated over large areas, or as a prophylactic against parasites where sulphur is indicated.

CONCLUSIONS

1. Sulphur (18 per cent) incorporated in *sapo mollis* is more desirable than sulphur ointments in the treatment of scabies, because the ease of application and lack of unpleasantness facilitates its proper use.

2. With the use of this preparation there is an absence or decrease in incidence of sulphur dermatitis secondary to treatment.

3. This preparation is useful where sulphur is indicated over large body areas, and as prophylaxis against certain parasites.

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HIPPOCRATES' APHORISMS*

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SECTION FOUR (Continued)

16. Let people in good health
Beware of Hellebore;
It may induce convulsions
And things they will deplore.
17. Lack of appetite, heartburn and vertigo,
And a bitter taste in the mouth of the sick,
Who's free from fever, shows that he needs
An upward purge, both strong and quick.
18. Pains above the diaphragm
Call for purging upward;
And those below it,
For purging downward.

19. The sick, who don't develop
Thirst, while being drained,
Should be continued drained,
Until thirst be attained.
20. If a man without fever
Is seized with a gripe,
Pains of the loins and heaviness of the knees,
For a downward purging he is ripe.
21. Spontaneous passing of black blood-like feces,
With or without fever, is of ill import;
But, if this color does improve from drugs,
And color changes, it's a harmless sort.
22. Passed up or down,
Bile that is black
Early in illness,
Spells death, alack!
23. In persons wasted by a wound or disease,
Acute or chronic, whatever be the cause,
The passing of black bile or blood presages:
Next day the patient's life shall close.
24. If the passing of black bile shows up
At dysentery's very start,
It's a dire sign that does portend:
The sick shall from this world depart.
25. A bloody discharge upward, of any cause,
Is a sign of danger, but with black feces
And a bloody discharge downward
The fatal danger much decreases.
26. If a sick with dysentery
Is passing shreds of fleshy tissue,
It is an ominous portent
Of the approaching fatal issue.
27. If a sick with fever, no matter of what nature,
Sustains a copious hemorrhage,
It's likely he will be affected
With a flux of bowels in convalescent stage.
28. Whenever deafness supervenes,
All bilious discharges stop,
And vice versa deafness ceases
Whenever a bilious flux comes up.
29. The chills that come
On the sixth day
Develop crises
Hard to allay.
30. If in a paroxysmal illness
The daily fever spells recur
At the same hour every day,
Grave crises oft occur.
31. In the fevered sick who are oppressed
By a sense of weariness,
Deposits around joints and jaws
Develop more or less.
32. If a convalescent from a sickness
Develops pains in any part,
An infiltration or an abscess
May be suspected there to start.
33. But if the fixed pain of a part
Precedes the onset of disease,
The morbid process settles there
And strikes this part with greatest ease.

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(To be continued)

* For other aphorisms, see CALIFORNIA AND WESTERN MEDICINE, March 1940, page 125; April 1940, page 179; May 1940, page 231; July 1940, page 35; August 1940, page 85; September 1940, page 130.